## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/534 305

| CLAIMS AS FILED - PART I  |  |   |  |                                    |                                |                                |            | SMALL ENTITY        |                        |              | OTHER THAN                 |                        |
|---|--|---|--|------------------------------------|--------------------------------|--------------------------------|------------|---------------------|------------------------|--------------|----------------------------|------------------------|
|   |  |   | (Colum                                     | ın 1)                              | (Column 2)                     |                                | TYPE       |                     | OR                     | SMALL ENTITY |                            |                        |
| U.S. NATIONAL STAGE FEES  |  |   |  |                                    |                                |                                | 7          | RATE                | FEE                    | 1            | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT                                  | LAR                                | GE ENT. = \$ 300               |                                | BASIC FEE  |                     | OR                     | BASIC FEE    | 300                        |                        |
| EXAMINATION FEE   |  |   | (4) = \$50/\$100                           |                                    |                                | ther situations = 100 / \$ 200 | 7          | EXAM. FEE           |                        | 1            | EXAM. FEE                  | 300                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cor \$ 200 / \$ |                                    | ther situations = 250 / \$ 500 |                                | SEARCH FEE |                     |                        | SEARCH FEE   | 400                        |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | min  | us 100 =                           |                                | / 50 =                         |            | X \$ 125 =          |                        |              | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 17 minus 20 = ★                            |                                    | *                              |                                |            | X \$ 25 =           |                        | OR           | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS  |  |   | ) m  | ninus 3 =                          |                                | <del></del>                    |            | X \$ 100 =          |                        | OR           | X \$ 200 =                 |                        |
| MU  | TIPLE DEPEN                                    | IDENT CLAIM PR                            | SENT                                       |                                    |                                |                                |            | + \$ 180 =          |                        | OR           | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                                    |                                |                                | _          | TOTAL               |                        | OR           | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |  |                                    |                                |                                | <b>-</b> , | SMALL ENTITY        |                        | OR           | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID I  | BER<br>JUSLY                   | PRESENT<br>EXTRA               |            | RATE                | ADDI-<br>TIONAL<br>FEE |              | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | • 17                                      | Minus                                      | ** 20                              | )                              | = 🔿                            |            | X \$ 25 =           |                        | OR           | X \$ 50 =                  |                        |
|   | Independent                                    |   | Minus                                      | 3                                  | 3                              | =()                            |            | X \$ 100 =          |                        | OR           | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                    |                                |                                |            | + \$ 180 =          |                        | OR           | + \$ 360 =                 |                        |
|   |  |   |  |                                    |                                |                                |            | TOTAL ADDIT.<br>FEE |                        | OR           | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                |  | (Colum                             | ın 2)                          | (Column 3)                     |            |                     |                        |              |                            |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY               | PRESENT<br>EXTRA               |            | RATE                | ADDI-<br>TIONAL<br>FEE |              | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | **                                 |                                | =                              |            | X \$ 25 =           |                        | OR           | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus                                      | ***                                |                                | 8                              | 1 [        | X \$ 100 =          |                        | OR           | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                    |                                |                                | 1 [        | + \$ 180 =          |                        | OR           | + \$ 360 =                 |                        |
|   |  |   |  |                                    |                                |                                |            | TOTAL ADDIT.<br>FEE |                        | OR           | TOTAL ADDIT.<br>FEE        |                        |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                    |                                |                                |            |                     |                        |              |                            |                        |